

QUATERNARY PREVENTION AND PATIENT SAFETY IN BRAZIL

Helaine Carneiro Capucho

The concept of quaternary prevention was proposed by Jamoule¹, who took under consideration the classical context of three levels of prevention: primary, secondary and tertiary prevention². For the author, quaternary prevention is the fourth and last type of health prevention and is related to the risk of iatrogenic disease, that is, those caused by inappropriate healthcare, such as excessive diagnostic and therapeutic interventionism, in addition to excessive medication¹.

Quaternary prevention, in a broad conception, should be an action that mitigates or avoids the consequences of excessive interventionism in healthcare, particularly unnecessary activities that may cause adverse events³. It is based on two essential principles: proportionality, such that the benefits of health interventions should outweigh the risks; and precaution, based on Hippocrates' precept *primum non nocere*, that is, 'first, do not harm'. These two principles are well known among researchers and scholars interested in patient safety, risk management, and pharmacovigilance, but they are not usually connected with one another.

There has been, in the last decade, an explosion of studies addressing iatrogenesis in hospitals, especially medication errors. These studies usually report health incidents like adverse events and potential adverse events⁴. These reported data are very useful and should be utilized not only to acknowledge the problem but mainly to implement preventive measures to avoid new incidents, given there is such a high occurrence of avoidable adverse events in Brazilian hospitals: about 67% of all adverse events are avoidable events⁵. This information was published in an important periodical, *The Lancet*, which exclusively addressed Brazilian healthcare, showing there is much to be done in order for the ancient concept of quaternary prevention to be applied; there is much to be done to avoid potentially harmful health incidents among patients.

In order to change this context, the first step is to recognize that incidents do happen. There is still much difficulty, on the part of Brazilian facilities, in acknowledging their weaknesses and working on quaternary prevention, managing risks to avoid harmful incidents or adverse events⁴. A large proportion of Brazilian hospitals still does not correctly evaluate their work processes or choose appropriate indicators. Even when they do, there is difficulty in promoting conflict-free assessments and assuming responsibility for continuous quality improvement in which the patient is the focus of the discussion.

To ensure the production of information to support decision-making and the commitment to quality improvement among health facilities, it is essential to invest in the development of existing local capacities and information systems⁶. For that, autonomy and proactivity should be promoted among health facilities. Health institutions should implement internal improvement measures in order to promote patient safety and improve the quality of care delivery even before governmental agencies reach a decision concerning incidents reported. Therefore, health facilities should practice quaternary health prevention to avoid further incidents.

Three important tools should be combined in the practice of quaternary prevention: a patient-centered approach, evidence-based practice, and the centralization of care at the primary health care level⁷. This type of prevention transverses all levels of healthcare, since iatrogenesis and individuals at risk of excessive treatment are observed in all levels.

In this context, Brazilian health managers should systematically identify the incidents occurring in the care delivered to patients, in both public and private facilities, rather than

Sociedade Brasileira de Farmácia Hospitalar e Serviços de Saúde

Rua Vergueiro, 1855 - 12º andar
Vila Mariana - São Paulo - SP
CEP 04101-000 - Tel./Fax: (11) 5083-4297
atendimento@sbrafh.org.br/www.sbrafh.org.br

Conselho Diretor

Presidente: **Helaine Carneiro Capucho**
Vice-Presidente: **Simone Dalla Pozza Mahmud**
Diretora Financeira: **Mabel Mendes Cavalcanti**
Vice-diretora Financeira: **Carolina Raslan Dinis**
Diretora Executiva: **Ilenir Tuma Leão**
Vice-diretora Executiva: **Helois Arruda Gomm Barreto**

Conselho Editorial

Editora-Chefe: **Profa. Dra. Helaine Carneiro Capucho**
Editora-Científica: **Profa. Dra. Eliane Ribeiro**

Membros: do Conselho Editorial

Prof. Dr. Adriano Max Moreira Reis
Prof. Dr. Ahmed Nadir Kheir
Prof. Dr. Alberto Herreros de Tejada
Prof. Me. Aldo Rodrigo Alvarez Risco
Prof. Dr. David Woods
Prof. Dr. Divaldo Pereira Lyra Junior
Prof. Dr. Eduardo Savio
Profa. Me. Eugenie Desirée Rabelo Néri
Prof. Me. Fabio Ramirez Muñoz
Prof. Me. Felipe Dias Carvalho
Profa. Dra. Inês Ruiz Álvarez
Prof. Dr. João Carlos Canotilho Lage
Prof. Dr. Leonardo Régis Leira Pereira
Profa. Dra. Lúcia de Araújo Costa Beisl Noblat
Profa. Dra. Marcela Jirón Aliste
Prof. Dr. Marcelo Polacow Bisson
Profa. Me. Márcia Germana Alves de Araújo Lobo
Profa. Me. Maria Elena Sepulveda Maldonado
Profa. Dra. Maria Rita Carvalho Garbi Novaes
Profa. Dra. Maria Teresa Ferreira Herdeiro
Prof. Dra. Marta Maria de França Fonteles
Profa. Dra. Selma Rodrigues de Castilho
Profa. Dra. Sonia Lucena Cipriano
Prof. Esp. Tarcísio José Palhano

Diagramação: Liana de Oliveira Costa

Periodicidade: Trimestral

Exemplares: 3.000

Circulação é gratuita para os associados da SBRAFH. Outros interessados em assinar a revista poderão efetuar seu pedido junto à Secretaria da SBRAFH – Telefone: (11) 5083-4297 ou pelo e-mail: atendimento@sbrafh.org.br.

Valores para assinaturas anuais (4 edições):

- Brasil: R\$ 200,00
- Exterior: US\$ 150

As normas para publicação de artigos técnicos estão na página principal.

Os artigos devem ser enviados através deste site após criar seu cadastro de autor e confirmá-lo através de email enviado. Os artigos assinados são de inteira responsabilidade de seus autores e não refletem necessariamente a opinião da Sociedade Brasileira de Farmácia Hospitalar e Serviços de Saúde.

Os anúncios publicados também são de inteira responsabilidade dos anunciantes.

exclusively depending on studies addressing this subject. Such knowledge can guide management risk strategies to ensure patient safety and improve the quality of services provided to the Brazilian population.

O Brasil está na vanguarda e as farmácias hospitalares e de demais serviços de saúde devem estar atentas para acompanhar este avanço e colaborar para o desenvolvimento e a aplicação efetiva da avaliação de tecnologias no Brasil.

References:

1. Jamouille M. Quaternary prevention: prevention as you never heard before (definitions for the four prevention fields as quoted in the WONCA international dictionary for general/family practice). 1995. Available at: <http://www.ulb.ac.be/esp/mfsp/quat-en.html/>. Retrieved on March 17, 2012.
2. Leavell H, Clark EG. Medicina preventiva. São Paulo: McGrawHill do Brasil; 1976.
3. Gérvas J, Pérez-Fernández M. El fundamento científico de la función de filtro del médico general. Revista Brasileira de Epidemiologia. 2005; 8:205-18.
4. Capucho HC. Near miss: quase erro ou potencial evento adverso? Rev Latino-Americana de Enfermagem, 2011; 19(5):1272-1273.
5. Paim J et al. O sistema de saúde brasileiro: história, avanços e desafios. The Lancet, Série Saúde no Brasil, nº1. 2011; 11-31.
6. Gouvêa CSDD, Travassos C. Indicadores de segurança do paciente para hospitais de pacientes agudos: revisão sistemática. Cad. de Saúde Pública, 2010; 26:1061-1078.
7. Norman AH, Tesser CD. Prevenção quaternária na atenção primária à saúde: uma necessidade do Sistema Único de Saúde. Cad. Saúde Pública, 2009; 25(9): 2012-20.

Helaine Carneiro Capucho is PhD and MSc. By the University of São Paulo at Ribeirão Preto, Specialist in Hospital Pharmacy by SBRAFH, and graduated in Pharmacy at the Federal University of Ouro Preto. President of SBRAFH, she is currently technical adviser at the Department of Management and Incorporation of Health Technologies, Ministry of Health.